



Request for Transcripts

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Fountain Valley
CA, 92708
714.418.9100
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Official / unofficial transcript(s)
(Circle one)

Number of copies: _____
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Student Request

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Mail to: _____

Requested copies from file: _____
((\$5.00 charge, 1-20 pages))

Student Name: _____
 First Middle Last

Home Address:

Street City State Zip

Phone: (____) _____ - _____ DOB: ____/____/____ Birthplace: _____

Name(s) registered under: _____

Social Security _____ - _____ - _____ I was a student from: _____ to _____
Month/Year

Student's Signature

Date

Please Note: There is \$10.00 fee for Transcripts (only the first copy is free)

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